

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/060,087

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/					151						
102		/					152						
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147							197						
148							198						
149							199						
150							200						
TOTAL IND.		10					TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS		10					TOTAL CLAIMS						